

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

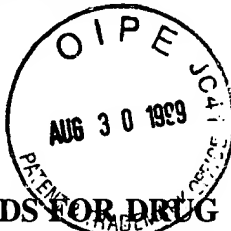
In re application of: Roberto Manilow *et al.*

) Examiner: NYA

Serial No.: 09/353,126

) Art Unit: 1645

Filed: July 14, 1999

Title: **DIAGNOSTIC METHODS FOR DRUG
SCREENING FOR ALZHEIMER'S DISEASE**) TRANSMITTAL LETTER**Application Processing Division - Customer Correction Branch**

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

Transmitted herewith are the following documents in the above-identified application.

[X] Request for Correction of Filing Receipt.

[X] Return postcard (postage prepaid).

RECEIVED
TECH CENTER 1600/2900
99 OCT 21 AM 8:27

The fees have been calculated as shown below:

Claims	Remain after Amend	Highest No. Prev. Paid	Pres. Extra	Small Entity		Large Entity	
				Rate	Fee	Rate	Fee
Total:				x \$9	= \$	x \$18	= \$
Indep:				x \$39	= \$	x \$78	= \$

If Multiple dependent Claims are used for the first time in this application, add \$130 (small entity) \$260 (large entity).

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to App. Processing Div., Washington, D.C. 20231 on 25 August, 1999

Signature: *Sarah M. Barnett*Printed Name: Sarah M. Barnett

Total Additional Claims Fee:

\$

<u>Extension of Time Fee</u>	<u>Small Entity</u>	<u>Large Entity</u>
<input type="checkbox"/> One Month	\$ 55	\$ 110
<input type="checkbox"/> Two Months	\$190	\$ 380
<input type="checkbox"/> Three Months	\$435	\$ 870
<input type="checkbox"/> Four Months	\$680	\$1360
<input type="checkbox"/> Five Months	\$925	\$1850

Extension of Time Fee

Other fees (list individually):

Total Other Fees:

TOTAL FEES: \$

- ☐ A check including the amount of the above-indicated TOTAL FEES is attached.
- ☐ Please charge Deposit Account No. 18-0020 in the amount of \$_____.
- ☐ A check in the amount of \$___ is attached.
- ☒ No fee is required.
- ☐ Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.
- ☒ The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.
- ☒ Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- ☒ Any parent application processing fees under 37 CFR 1.17.

RECEIVED
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[X] A **duplicate** copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Date: August 20, 1999



Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P. O. Box 60039
Palo Alto, CA 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/jsz - Encls.

PATENT

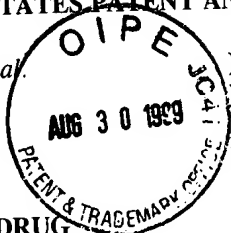
ATTORNEY DOCKET NO. CSHL.005.01US
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Roberto Malinow et al.**

Serial No.: 09/353,126

Filed: July 14, 1999

For: **DIAGNOSTIC METHODS FOR DRUG
SCREENING FOR ALZHEIMER'S DISEASE**



Examiner: NYA
Art Unit: NYA

**REQUEST FOR CORRECTION OF
FILING RECEIPT**

Application Processing Division - Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In accordance with 37 C.F.R. §§ 1.53(a), (b) and 1.54(b), please issue a corrected filing receipt for this application. A copy of the incorrect receipt with the requested change noted thereon is attached for reference. The corrected filing receipt should read:


Applicant(s) ROBERTO MANILOW, COLD SPRING HARBOR, NY; SHAHID ZAMAN, COLD
SPRING HARBOR, NY; SANGRAM S. SISODIA, CHICAGO, IL; DAVID R.
BORCHELT, BALTIMORE, MD; MICHAEL K. LEE, BALTIMORE, MD.

The error was committed after submission of the application to the Patent and Trademark Office. As evidence, please find enclosed a copy of the transmittal showing the correct spelling of Shahid Zaman's name and Cold Spring Harbor.

If a fee is due, the Commissioner is hereby authorized to charge any underpayment of the fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to our Deposit Account (*see* Transmittal).

Respectfully submitted,

Dated: August 20, 1999


Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P. O. Box 60039
Palo Alto, CA 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/jsz
Encl.

FILE

PATENT

ATTORNEY DOCKET NO. CSHL.005.01US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Roberto Malinow *et al*

Serial No.: Not yet assigned

Filed: July 14, 1999

For: **Diagnostic Methods for Drug Screening
for Alzheimer's Disease**



) Examiner: Not yet assigned

) Art Unit: Not yet assigned

) **UTILITY PATENT APPLICATION**
) **TRANSMITTAL (37 C.F.R.**
) **§ 1.53(b))**

BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

COPY

Sir:

This is a request for filing a patent application under 37 C.F.R. § 1.53(b) in the name of inventors: Roberto Malinow, Sahid Zaman, Sangram S. Sisodia, David R. Borchelt, and Michael K. Lee

For: **Diagnostic Methods for Drug Screening for Alzheimer's Disease**

This application is a ☒ Continuation [] Divisional [] Continuation-in-part of prior Application No.: 09/193,221 filed November 16, 1998, from which priority under 35 U.S.C. § 120 is claimed.

Application Elements:

- 14 Pages of Specification, Claims and Abstract
- 4 Sheets of formal Drawings

CERTIFICATE OF EXPRESS MAILING

"Express Mail" Label No.: EL288327221US

Date of Deposit: 7/14/99

I hereby certify under 37 C.F.R. 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

(Signature)

ANDREA JOHNSON
(Printed Name)

[X] Declaration

- ☐ Unexecuted Combined Inventor Declaration and Power of Attorney
☒ Copy from prior application (37 CFR 1.63(d) for a continuation or divisional).

The entire disclosure of the prior application from which a copy of the declaration is herein supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

- ☐ Deletion of inventors Signed statement attached deleting inventor(s) named in the prior application, *see* CFR 1.63(d)(2) and 1.33(b).

Accompanying Application Parts:

- ☐ Assignment and Assignment Recordation Cover Sheet (recording fee of \$40.00 enclosed)
☐ Power of Attorney
☐ 37 CFR 3.73(b) Statement by Assignee
☐ Information Disclosure Statement with Form 1449
☐ Copies of IDS Citations
☐ Preliminary Amendment
☒ Return Receipt Postcard
☒ Small Entity Statement(s)
☒ Statement filed in prior application.
Status still proper and desired.
☐ Other:
☐ A sequence listing.
☐ paper copy.
☐ computer readable copy.
☐ Statement in Compliance with Requirements for Patent Applications Containing Nucleotide and/or Amino Acid Sequence.

Claim For Foreign Priority

- ☐ Priority of _____ Application No. _____ filed on _____
is claimed under 35 U.S.C. § 119
☐ The certified copy has been filed in prior application U.S. Application No.09/193,221
☐ the certified copy will follow.

Extension of Time for Prior Pending Application

- ☐ A Petition for Extension of Time is being concurrently filed in the prior pending application. A copy of the Petition for Extension of Time is attached.

Amendments

- ☒ Amend the specification by inserting before the first line the sentence: "This is a
☒ Continuation ☐ Continuation-in-part ☐ Divisional application of copending prior
Application No. 09/193,221 filed on November 16, 1999.
☐ International Application _____ filed on _____, which designated the United States, disclosure of which is incorporated herein by reference."
☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee

Fee Calculation (37 CFR § 1.16):

FOR:	(Col. 1) <u>NO. FILED</u>	(Col. 2) <u>NO. EXTRA</u>	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>	
			<u>RATE</u>	<u>FEE</u>	<u>RATE</u>	<u>FEE</u>
Basic Fee			\$380	\$380	\$760	\$
Total Claims	12	0	\$ 9	\$	\$ 18	\$
Indep Claims	4	1	\$ 39	\$ 39	\$ 78	\$
<input type="checkbox"/> Multiple Dependent Claims			\$130	\$	\$260	\$
Total Filing Fee:				\$419		\$

TOTAL FEES: \$419.00

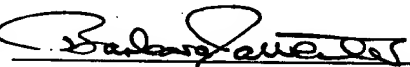
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extension of time is still required after all papers filed with this transmittal have been considered.

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- ☒ [X] Any parent application processing fees under 37 CFR 1.17.
- ☒ [X] A **duplicate** copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Dated: July 14, 1999

By: 
Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P.O. Box 60039
Palo Alto, California 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/kmb
Enclosures

AUG 16 1999

FILING RECEIPT

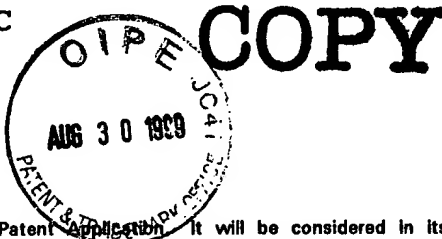
BARBARA RAE-VENTER



UNITED STATES DEPARTMENT OF COMMERCE
Pat nt and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washingt n, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/353,126	07/14/99	1645	\$458.00	CSHL.005.01U	4	12	5

RAE-VENTER LAW GROUP P C
P O BOX 6039
PALO ALTO CA 94306



DOCKETED
8/19/99

Receipt is acknowledged of this nonprovisional Patent application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

SPRING
ROBERTO MALINOW, COLD SPRING HARBOR, NY; SHAHID *ZAMAN*
COLD *SPRING* HARBOR, NY; SANGRAM S. SISODIA, CHICAGO, IL;
DAVID R. BORCHELT, BALTIMORE, MD; MICHAEL K. LEE,
BALTIMORE, MD.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CON OF 09/193,221 11/16/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/09/99 ** SMALL ENTITY **
TITLE

DIAGNOSTIC METHODS FOR DRUG SCREENING FOR ALZHEIMER'S DISEASE

PRELIMINARY CLASS: 435

DATA ENTRY BY: HARDY, EUGENIA

TEAM: 03 DATE: 08/09/99

|||||

(See reverse for new important information)

SERIAL NUMBER 09/353,126	FILING DATE 07/14/99	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. CSHL.005.01U
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APPLICANT	ROBERTO MALINOW, COLD SPRING HARBOR, NY; SHAHID ZAMAN, COLD SPRING HARBOR, NY; SANGRAM S. SISODIA, CHICAGO, IL; DAVID R. BORCHELT, BALTIMORE, MD; MICHAEL K. LEE, BALTIMORE, MD.
	<p>**CONTINUING DOMESTIC DATA*****</p> <p>VERIFIED THIS APPLN IS A CON OF 09/193,221 11/16/98</p> <p><u>SS</u></p>
	<p>**371 (NAT'L STAGE) DATA*****</p> <p>VERIFIED</p> <p><u>SS</u></p>
	<p>**FOREIGN APPLICATIONS*****</p> <p>VERIFIED</p> <p><u>SS</u></p>

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/09/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5
Verified and Acknowledged	<u>SS</u> Examiner's Initials	Initials				

ADDRESS	RAE-VENTER LAW GROUP P C P O BOX 6039 PALO ALTO CA 94306

TITLE	DIAGNOSTIC METHODS FOR DRUG SCREENING FOR ALZHEIMER'S DISEASE

FILING FEE RECEIVED \$458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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